Complete Summary

GUIDELINE TITLE

Placenta previa: antepartum hemorrhage.

BIBLIOGRAPHIC SOURCE(S)

Placenta previa: antepartum hemorrhage. Philadelphia (PA): Intracorp; 2005. Various p. [13 references]

GUIDELINE STATUS

This is the current release of the guideline.

All Intracorp guidelines are reviewed annually and updated as necessary, but no less frequently than every 2 years. This guideline is effective from July 1, 2005 to July 1, 2007.

COMPLETE SUMMARY CONTENT

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SCOPE

DISEASE/CONDITION(S)

- Placenta previa including complete/total, partial, marginal, and low-lying placenta
- Antepartum hemorrhage associated with placenta previa

GUIDELINE CATEGORY

Diagnosis
Evaluation
Management
Risk Assessment
Treatment

CLINICAL SPECIALTY

Family Practice
Obstetrics and Gynecology

INTENDED USERS

Allied Health Personnel
Health Care Providers
Health Plans
Hospitals
Managed Care Organizations
Utilization Management

GUIDELINE OBJECTIVE(S)

To present recommendations for the diagnosis, management, and treatment of placenta previa that will assist medical management leaders to make appropriate benefit coverage determinations

TARGET POPULATION

Pregnant women with suspected or known placenta previa

INTERVENTIONS AND PRACTICES CONSIDERED

Diagnosis/Evaluation/Risk Assessment

1. Physical examination and assessment of signs and symptoms
2. Diagnostic tests
    - Transabdominal and transvaginal ultrasound
    - Complete blood count

Management/Treatment

1. For all women:
    - Intravenous fluids
    - Blood transfusion
    - Fetal monitoring
2. For women before 37 weeks gestation:
    - Bed rest
    - Hospitalization and close observation
    - Steroids for fetal lung maturity, if needed
    - Rh-immune globulin in Rh-negative and unsensitized women
    - Magnesium sulfate
    - Amniotic fluid analysis
    - Avoidance of intravaginal manipulation
3. For women after 37 weeks gestation:
    - Vaginal or cesarean delivery
4. Referral to specialist

MAJOR OUTCOMES CONSIDERED

Diagnostic accuracy

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Searches were performed of the following resources: reviews by independent medical technology assessment vendors (such as the Cochrane Library, HAYES); PubMed; MD Consult; the Centers for Disease Control and Prevention (CDC); the U.S. Food and Drug Administration (FDA); professional society position statements and recommended guidelines; peer reviewed medical and technology publications and journals; medical journals by specialty; National Library of Medicine; Agency for Healthcare Research and Quality; Centers for Medicare and Medicaid Services; and Federal and State Jurisdictional mandates.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Not Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not stated

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus (Delphi)

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

A draft Clinical Resource Tool (CRT or guideline) is prepared by a primary researcher and presented to the Medical Technology Assessment Committee or the Intracorp Guideline Quality Committee, dependent upon guideline product type.

The Medical Technology Assessment Committee is the governing body for the assessment of emerging and evolving technology. This Committee is comprised of a Medical Technology Assessment Medical Director, the Benefit and Coverage Medical Director, CIGNA Pharmacy, physicians from across the enterprise, the Clinical Resource Unit staff, Legal Department, Operations, and Quality. The Intracorp Guideline Quality Committee is similarly staffed by Senior and Associate Disability Medical Directors.

Revisions are suggested and considered. A vote is taken for acceptance or denial of the CRT.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A published cost analysis was reviewed.

METHOD OF GUIDELINE VALIDATION

Comparison with Guidelines from Other Groups
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Diagnostic Confirmation

Subjective Findings

- Painless vaginal bleeding in late second or third trimester of pregnancy
- Contractions without bleeding

Objective Findings

- Vaginal bleeding

- Preterm uterine contractions

Diagnostic Tests

- Transabdominal ultrasound has been reported to be 93 to 98% accurate.
- Transvaginal ultrasound may improve on these figures.
- Repeat ultrasound should be performed after 30 weeks to determine if the previa persists.
- Complete blood count, with particular attention to hematocrit levels

Differential Diagnosis

- Abruptio placenta: premature separation of placenta from site of implantation
- Placenta accreta: implantation of placenta with villi attached to myometrium; invasion of placenta into myometrium
- Ectopic pregnancy: implantation of blastocyst outside of the uterine cavity
- Hydatidiform mole: abnormal pregnancy without a fetus and with trophoblastic proliferation; in addition:
    - Both ectopic pregnancy and hydatidiform mole can be exacerbated by coagulation defect, including severe pre-eclampsia and eclampsia (see the Intracorp guideline Hypertensive Disorders of Pregnancy).
- Cervical or vaginal trauma
- Malignancy
- Labor

Treatment

Treatment Options

- For all women:
    - Intravenous fluids
    - Transfusion; to maintain serum hematocrit (Hct) levels between 30 and 35%
    - Fetal monitoring
- For women before 37 weeks gestation:
    - Bed rest
    - Hospitalization: duration of hospitalization remains controversial
    - Close observation
    - Consider steroids to induce fetal lung maturity in women between 24 and 33 weeks.
    - Consider Rh-immune globulin in Rh-negative and unsensitized women.
    - If contractions are present, magnesium sulfate is tocolytic of choice.
    - If 36 weeks is reached without need for emergent delivery, analysis of amniotic fluid should be used to determine fetal lung maturity.
    - NO INTRAVAGINAL MANIPULATION
- For women after 37 weeks:
    - Delivery should be accomplished by cesarean section.
    - Vaginal delivery may be considered in women with:
        - Marginal or partial placenta previa who present with minimal bleeding (see the Intracorp guideline Cesarean Delivery)
        - Previable gestations
        - Intrauterine fetal demise

Duration of Medical Treatment

- Medical - Optimal: 270 day(s)
    - Maximal duration is until delivery.

Additional information regarding primary care visit schedules, referral options, and specialty care is provided in the original guideline document.

The original guideline document also provides a list of red flags that may affect disability duration, and return to work goals, including

- Placenta previa without hemorrhage, without delivery
- Placenta previa with hemorrhage, without delivery
- Placenta previa requiring delivery

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate diagnosis, management, and treatment of placenta previa that will assist medical management leaders to make appropriate benefit coverage determinations

POTENTIAL HARMS

Not stated

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2005

GUIDELINE DEVELOPER(S)

Intracorp - Public For Profit Organization

SOURCE(S) OF FUNDING

Intracorp

GUIDELINE COMMITTEE

CIGNA Clinical Resources Unit (CRU)
Intracorp Disability Clinical Advisory Team (DCAT)
Medical Technology Assessment Committee (MTAC)
Intracorp Guideline Quality Committee

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Not stated

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

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GUIDELINE AVAILABILITY

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Reprints of complete guideline content may be purchased for $35.00 per title (plus tax in TX at 8.25% and CT at 1.0%). Please send e-mail request to lbowman@mail.intracorp.com.

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- Policies and procedures. Medical Technology Assessment Committee Review Process. Philadelphia (PA): Intracorp; 2004. 4 p.
- Online guideline user trial. Register for Claims Toolbox access at www.intracorp.com.

Licensing information and pricing: Available from Intracorp, 1601 Chestnut Street, TL-09C, Philadelphia, PA 19192; e-mail: lbowman@mail.intracorp.com.

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on September 15, 2005. The information was verified by the guideline developer on September 30, 2005.

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